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| SECTION I |
| **Work Stopped By:** |
|       |  |       |  |  |  |       |
| Printed Name |  | Home Organization |  | Signature |  | Date |
| **Project/Location (if applicable):** |       |
| SECTION II |
| **Justification for Stop Work:** |
|       |
| SECTION III |
| **Mitigation:** (Work performed, or actions taken, in order to resume work.) |
|       |
| SECTION IV |
| Authorization to Restart: (Requires signature before work can begin.) |
|       |  |  |  |       |
| Research Lab Manager or Safety Officer on behalf of CAES Safety CommitteePrinted Name |  | Research Lab Manager or Safety Officer on behalf of CAES Safety CommitteeSignature |  | Date |
| Submit a copy of the form to the CAES Safety Officer (SO). |